1		
No. 2 -5-42	DEPARTMENT OF COMMERCE STATE BOARD OF HE	
17-39	BURBAU OF THE CENSUS  STANDARD CERTIF	FICATE OF DEATH State File No. 10031
X32873	Registration District No	trica No3023 Registrar's No
2	1. PLACE OF DEATH;	2. USUAL RESIDENCE OF DECEASED:
5 g.∥	(a) County HeNry Clinton	(a) State \$1550471 (b) County HeNTY 1
	(b) City or town	(c) City or town (If outside city or town limits, write "RURAL")
RE	Clinton GeneralOffospital	(d) Street No. 499 G J A St. (Urural, give location)
INS	(If not in hospital or institution, write street number or location)	(lfrural, give location)
Z	In this community 845	(e) Citizen of foreign country?(Ves or No)
KM	years, months or days)	If yes, name country
H.	FULL NAME MAY DE Olidia ONEN	20. DATE OF DEATH: Month // 4 - day /5
EA	3. (b) If veteran, 3. (c) Social Security	year 1943 hour 9 minute 50 P.M.
AK	name war	21. I hereby certify that I attended the deceased from.
UNFADING BLACK INK—MAKE A PERMANENT RECORD	5. Color or 6. (a) Single, widowed, married,	19 42 to Mele 15 1943
	4. Sex race W Odivorced SING/E	that I last saw h 1 alive on 19.4.3
	6. (b) Name of husband or wife	Immediate cause of death
ACI	7. Birth date of deceased 7 12 1874	Condina Dilitation / da
描	(Month) (Day) (Year)	32- O. Clare
၂ ပွ	8. AGE: Years Months Days If less than one day	Due to frequency / 71
io	67 8 3 hr. min	Due to
NE/	9. Birthplace (City, town, or county), (State or foreign country)	
	10. Usual occupation Tegeher	Other conditions
-USE	11. Industry or business	O PHYSICIAN
	12 Name Benjamin I Owen	Major findings: Of operations Underline
WRITE PLAINLY	3 Birtholace Lafavett Co Mo	the cause to which death
Ţ.	(City, fown, or county) (State or foreign country)	Of autopsyshould be charged sta- tistically.
E P	15. Birthplace Cumb ERLAND Co. Kentucky	22. If death was due to external causes, fill in the following:
E.	16. (a) Informant. 115 W9/ter ONEN	(a) Accident, suicide, or homicide (specify)
W	(b) Address Clinton Mo	(b) Date of occurrence
, l	17. (a) Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)	(c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?
	(c) Place: burial or cremation. ENGLE WOOD CEM	
`	18. (a) Signature of funeral director.	(Specify type of place) While at work?
	(b) Address C/MTaN Ma	23. Signature M. D. or other) M. D.
	19. (a) MARCALLA STORAGE RESISTANCE (Resistrar a signature)	Address Date signed J. 18-7.
	10 6 9 (Licensed Embalmer's St.	tatement on Reverse Side)

RECEIVED  District Health  District Filo Number	Officer No. 7;
Dute Filed	3-13-107

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No. 2478

Licenseil Embalmer No. 2478

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.